epiTRENDS

A Monthly Bulletin on Epidemiology and Public Health Practice in Washington State

Immediately Notifiable Conditions in Washington State and Neighboring Jurisdictions

Vol. 12 No. 1

01.07

Communicable diseases continue to be common and serious threats to health, both for the individual and for society. In almost all jurisdictions, selected communicable conditions are reportable to public health authorities. The purpose of notifiable conditions reporting is to provide information which can be used to conduct timely investigations and public health control interventions with the goal of limiting morbidity and mortality.

Notifiable Conditions

The definition of an immediately notifiable condition varies from state to state and across international borders and reflects perceived risk to the population. Factors that influence perceived risk may include severity of cases or outbreaks, ease of transmission, and the rarity or frequency of cases. The Washington Administrative Code designates a subset of notifiable conditions for Washington State that are of urgent public health importance and must be reported immediately when suspected or diagnosed.

In this country, states participate in a cooperative and voluntary disease tracking system that reports to the United States Centers for Disease Control and Prevention (CDC). A jointly established national list of notifiable conditions includes communicable diseases reported by most states. However, each state can and typically does establish its own reporting requirements. Disease reporting sources may include health care providers, laboratories, hospitals and others. Reporting requirements vary by reporting source.

All disease intervention involves similar core activities for each case which include detection, reporting, and investigation in a timely manner. The appropriate timeliness, including requirements for immediacy of reporting, depends on the disease or condition and the reason for tracking it. A condition may be immediately notifiable for urgent case treatment (e.g., tetanus), because it is highly contagious (e.g., measles) or if there is ongoing risk to the community (e.g., bioterrorism agent.) Prompt public health interventions for immediately notifiable conditions can control spread and reduce morbidity and mortality.

Continued page 2

Washington State Department of Health

*epi*TRENDS
P.O. Box 47812
Olympia, WA 98504-7812

Pacific Northwest Emergency Management Arrangement ("PNEMA")

In 1996-97, states in the U.S. Department of Health and Human Services Region X (Washington, Oregon, Idaho, and Alaska) and two Canadian provinces or territories (British Columbia and Yukon) signed the Pacific Northwest Emergency Management Arrangement (PNEMA). In 1998, PNEMA was authorized by the U.S. Congress as required under the U.S. Constitution whenever a state enters into an agreement with either another state or country. PNEMA is the first and to date only international civil emergency preparedness and response agreement that has received such congressional approval. Most recently, PNEMA implementing procedures, called Annex B, were signed by the government leaders of Washington state and British Columbia. It is expected that the remaining PNEMA states and Yukon will sign Annex B during 2007.

PNEMA provides for cooperative activities to improve civil preparedness and response across jurisdictional boundaries. Response planning involves comprehensive and coordinated preparedness and response measures. A timely regional response to a natural, technological, or intentional disaster would provide better public health intervention. In addition to sharing warnings and notifications across boundaries, PNEMA provides for sharing of public health information, specimens, and laboratory data. In event of a large scale emergency, mutual assistance would include sharing resources including health care personnel. PNEMA also provides for movement of evacuees or refugees.

_epi_TRENDS Monthly Posting Alert

To receive monthly e-mail notification of *epi*TRENDS, please register at this website:

http://listserv.wa.gov/archives/epitrends.html

Choose the option to join the listserve. Enter your name and email address.

Cross-Border Surveillance

Like emergencies, notifiable conditions do not follow political boundaries. Infected travelers or contaminated products can cause widespread outbreaks. In order to respond and control an outbreak, public health activities must also cross boundaries. In the past decade, Washington and British Columbia have cooperated on investigations of several foodborne outbreaks of *Salmonella spp*., *E. coli* O157:H7 and *V. parahaemolyticus*. There also have been investigations of possible cross-border exposures to avian influenza H7N3 and poliomyelitis.

Strengthening cross-border surveillance will focus on coordination, prioritization and streamlining of surveillance activities. As part of PNEMA activities, DOH compiled a table comparing disease reporting requirements across PNEMA jurisdictions. There are differences in requirements for conditions and for immediacy of reporting (Table). The time frame for routine reporting varies from one working day in Oregon, three days in Washington, five working days in Alaska and Yukon, to seven days in British Columbia and Idaho.

Continued page 3

In addition to routine reporting, the jurisdictions each have a list of immediately notifiable conditions. In Washington State, these are termed "immediately notifiable conditions." Some conditions are immediately notifiable or reportable with 24 hours by health care providers across all PNEMA jurisdictions: anthrax, botulism, diphtheria, measles, meningococcal disease, plague, polio, and human rabies. In contrast, a few conditions are immediately notifiable in only one jurisdiction such as listerioisis (Washington) and mumps (Yukon.) Finally, there are conditions immediately notifiable in some jurisdictions and not notifiable in others, including invasive group A streptococcal disease, relapsing fever, and typhus.

Through a series of annual cross border workshops, epidemiologists in United States and Canadian Pacific Northwest jurisdictions have been working towards establishing systems to quickly and efficiently communicate information about communicable disease events to their neighbors. One step involves identifying the commonalities and differences between notifiable condition reporting standards. This multi-jurisdictional list of notifiable conditions was developed to assist alerting decisions to neighboring jurisdictions when cases involving these agents are encountered. It is the responsibility of the Department of Health's Communicable Disease Epidemiology section (DOH CDES) to notify other states and British Columbia when these conditions are identified. To facilitate timely reporting by DOH to other states and British Columbia, Local Health Jurisdictions (LHJs) in Washington are requested to immediately notify CDES when suspected cases are identified in their jurisdiction.

Cross-border activities such as the PNEMA Agreement develop a coordinated public health response across borders. Reciprocal notification, coordinated disease surveillance, and joint investigations will improve public health services for all involved jurisdictions.

Please see the table on the following pages for a comparison of accelerated reporting requirements across PNEMA jurisdictions.

Information about infectious conditions under public health surveillance is available from CDC at http://www.cdc.gov/epo/dphsi/casedef/index.htm

Information about infectious disease reporting in Washington is available at http://apps.leg.wa.gov/WAC/default.aspx?cite=246-101

Continued page 4

Infectious Diseases Immediately Reportable by Health Care Providers (for British Columbia, Yukon, Alaska, Idaho, Oregon and Washington)

Infectious Diseases	BC	YK	WA	OR	ID	AK
Anthrax	Immed	1 working day	Immed*	Immed	Immed	Immed
Botulism	Immed	Immed	Immed	Immed	Immed	Immed
Brucellosis	Immed	√	Immed	√	24 hours	√
Cholera	24 hours	1 working day	Immed	reportable as "vibriosis"	24 hours	reportable as "vibriosis"
Cryptosporidiosis	24 hours	√	√	√	√	√
Cyclosporiasis	24 hours	√	√	√		√
Diphtheria	Immed	Immed	Immed	Immed	Immed	Immed
E. coli, enterohemorrhagic	reportable as "foodborne illness"	Immed	Immed	√	24 hours	√
Group A streptococcal disease, Invasive	24 hours	Immed			√	
Haemophilus influenzae, invasive	24 hours	Immed	Immed	24 hours	24 hours	√
Hantavirus pulmonary syndrome	Immed	1 working day	√	√	24 hours	
Hemorrhagic viral fevers	Immed		R	U	E	Immed
Hemolytic uremic syndrome (HUS)	24 hours		Immed	√	24 hours	
Hepatitis A	24 hours	1 working day	Immed	√	24 hours	√
Hepatitis B	√	1 working day	√	√	24 hours	√
Hepatitis E	24 hours	reportable as "hepatitis nonA, nonB, nonC"	reportable as "viral hepatitis, unspecified"			
Listeriosis	reportable as "foodborne illness"	√	Immed	√	√	√
Measles (Rubeola)	Immed	Immed	Immed	24 hours	24 hours	Immed
Meningococcal disease, invasive	24 hours	Immed	Immed	24 hours	Immed	Immed
Mumps	√	Immed	√	√	√	√
Paralytic shellfish poisoning (PSP)	Immed		Immed	Immed	E	Immed
Paratyphoid	24 hours	√	reportable as "salmonellosis"	reportable as "salmonellosis"	reportable as "salmonellosis"	reportable as "salmonellosis"
Pertussis (whooping cough)	√	1 working day	Immed	√	24 hours	√
Plague (*Yersinia pestis*)	Immed	1 working day	Immed	Immed	Immed	Immed
Poliomyelitis	Immed	Immed	Immed	24 hours	24 hours	Immed
Rabies	Immed	Immed	Immed	24 hours	Immed	Immed
Relapsing fever			Immed	reportable as "borrelia"	√	
Rubella	√	1 working day	Immed	24 hours	24 hours	Immed
Salmonellosis	reportable as "foodborne illness"	√	Immed	√	24 hours	√
Severe acute respiratory syndrome (SARS)	Immed	Immed	R	Immed	E	Immed
Shigellosis	reportable as "foodborne illness"	√	Immed	√	√	√
Smallpox	Immed	Immed	reportable as "disease of suspected bioterrorism origin"	U	E	Immed
Streptococcus pneumoniae infection, invas.	24 hours	√				√

Shaded boxes denote "accelerated" reporting timelines (i.e., reported immediately, within 24 hours, or within 1 working day, depending upon jurisdiction and/or condition).

Continued page 5

Infectious Diseases	BC	YK	WA	OR	ID	AK
Tetanus	√	√	√	√	√	Immed
Toxoplasmosis	24 hours					
Tuberculosis	√	Immed	Immed	√	√	√
Tularemia	Immed	1 working day	√	U	E	Immed
Typhoid	24 hours	Immed	reportable as "salmonellosis"	reportable as "salmonellosis"	24 hours	√
Typhus			Immed	reportable as "rickettsia"		
Vibriosis	reportable as "foodborne illness"		√	24 hours		√
West Nile virus disease	24 hours	1 working day	reportable as "arboviral disease"	reportable as "arthropod vector-borne"	may be reportable as "viral encephalitis or meningitis"	√
Yellow fever	√	1 working day	Immed	reportable as "arthropod vector-borne"	E	√
Yersiniosis		√	√	√	24 hours	√

Generalized Categories	BC	YK	WA	OR	ID	AK
Foodborne illness, all causes	24 hours	1 working day	Immed**		24 hours	
Waterborne illness	24 hours		Immed**			
Disease of suspected bioterrorism origin (Washington)			Immed			
Extraordinary occurrence of illness (Idaho)					24 hours	
Rare diseases of public health significance (Washington)			Immed			
Uncommon diseases of public health significance (Oregon)				Immed		
Unexplained critical illness or death (Washington)			Immed			
Unusual number or clustering of diseases or other conditions of public health importance						Immed

Shaded boxes denote "accelerated" reporting timelines (i.e., reported immediately, within 24 hours, or within 1 working day, depending upon jurisdiction and/or condition).

√ = Reportable within routine reporting timeline (see below for timelines by state/province)

* Suspected bioterrorism only

** Clusters only

R = May be reportable as "Rare disease of public health significance" (immediately reportable)

U = May be reportable as "Uncommon disease of public health significance" (immediately reportable)

E = May be reportable as "Extraordinary occurrence of illness" (reportable within 24 hours)

Blank space = not specifically mentioned as reportable condition in health care provider reporting guidelines for this state or province. May be reportable by laboratories instead or reportable by health care providers under a more general category such as "Uncommon disease of public health significance."

Routine reporting timelines by state/province:

BC: 7 days WA: 3 days OR: 1 working day ID: 7 days AK: 5 working days